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Bib Data Sheet

CONFIRMATION NO. 3835

SERIAL NUMBER 10/690,421	FILING DATE 10/20/2003  RULE	CLASS 433	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. PLARSS
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## APPLICANTS

Steven S. Larsen, North Logan, UT;

\*\* CONTINUING DATA \*\*\*\*\*

None

C.S.D.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

C.S.D.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>C.S.D.</u> Initials: <u>10/28/05</u>				

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## TITLE

Endodontic instrument

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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